

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


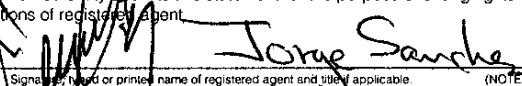
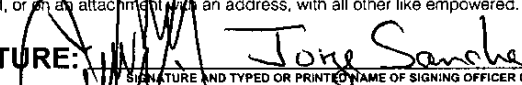
**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90248 026 \*\*\*150.00

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04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000036586</b>					
1. Entity Name <b>BISTRO INTERNATIONAL, INC.</b>					
Principal Place of Business <b>3050 BISCAYNE BLVD STE 105 MIAMI, FL 33137</b>			Mailing Address <b>3050 BISCAYNE BLVD STE 105 MIAMI, FL 33137</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0829957</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>FLEURIEL MARIA G</del> <del>5925 SW 42ND TERR</del> <del>MIAMI, FL 33155-5287</del>			Name <b>JORGE SANCHEZ</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1775 SW 12TH AVENUE</b>		
			City <b>MIAMI</b>		
			FL Zip Code <b>33129</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>Jorge Sanchez</b> DATE <b>4/19/06</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <del>PVD</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <del>FLEURIEL MARIA G</del>			NAME <b>JORGE SANCHEZ</b>		
STREET ADDRESS <del>5925 SW 42 TERR</del>			STREET ADDRESS <b>1775 SW 12TH AVENUE</b>		
CITY-ST-ZIP <del>MIAMI, FL 33155</del>			CITY-ST-ZIP <b>MIAMI FL, 33129</b>		
TITLE <del>STD</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <del>FLEURIEL GUIDO</del>			NAME <b>ILSA AURORA TORRES</b>		
STREET ADDRESS <del>5925 SW 42ND TERR</del>			STREET ADDRESS <b>1775 SW 12TH AVENUE</b>		
CITY-ST-ZIP <del>MIAMI, FL 33155</del>			CITY-ST-ZIP <b>MIAMI FL, 33129</b>		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Jorge Sanchez</b> DATE <b>4/19/06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					